



Maryland Office of Suicide Prevention Newsletter

WITH HELP COMES HOPE

New Year Resolutions

It's time to reflect on 2020, a year that was unexpected for everyone and has resulted in major life changes for most. Reflection can offer an opportunity to pause amidst the chaos and sort through observations and experiences that can inform our future mindset and actions.

[Research](#) has demonstrated that employees who spent 15 minutes at the end of the day reflecting about lessons learned performed 23% better after 10 days than those who did not reflect.

Here are suggestions for reflecting on 2020:

- When you experienced change and disruption in your life, how did you deal with this?
- What did 2020 teach you?
- What was your biggest accomplishment?
- What is your best memory?

Creating New Year's resolutions can be beneficial to channeling our motivation and control, which improves our sense of achievement, self-esteem and confidence. Mental wellness goals are especially important during the pandemic. Mental Health America (MHA) analyzed [data](#) collected between January and September 2020, finding that anxiety screens were up by 634% from January and depression screens were up 873%. Setting resolutions can have a positive impact on anxiety and depression. Here are some questions to consider when creating resolutions:

- What would you like to be your biggest triumph by the end of 2021?
- What brings you the most joy and how are you going to do more of that?
- What is one change you could make to your lifestyle that would give you more peace?
- At the end of the year, how would you like your life to be transformed?



Need to talk?

Maryland's Helpline offers 24/7 call, chat, and text support for Marylanders in need of help, guidance, and information related to a behavioral health concern. Trained call specialists can provide crisis intervention, risk assessment for suicide, homicide or overdose prevention, and assistance linking to community behavioral health providers and accessing community resources.

To get connected to Maryland's Helpline, call 211 and press 1, text your zip code to 898-211, or visit 211md.org.



Get connected. Get help.
Call 211, press 1

Updates from MDH and the Governor's Commission

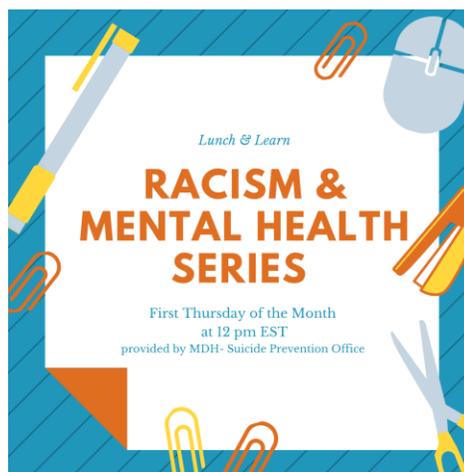
While 2020 has brought unimaginable changes to our lives, the Maryland Department of Health's Suicide Prevention Office has continued to provide support through innovative projects and trainings.

The first project was the "MDMindHealth" texting platform developed with 211, press 1. This program allows individuals to enroll to receive twice weekly caring and supportive text messages for anyone who may be struggling and need extra support. These messages are available for English and Spanish speakers.

Also, the Suicide Prevention Office initiated the First Annual Racism & Mental Health Symposium to acknowledge the impact that racism has on the mental health and wellbeing of minorities. This virtual training allowed up to host variety of professionals and leaders from across the country to discuss intergenerational racial trauma, microaggressions and racism. After hosting 475 attendees we decided to add a monthly lecture series to our schedule to continue education on racism and mental health on the first Thursday of the month.

The 32nd Annual Suicide Prevention Conference was held virtually for the first time. We were able to host a keynote, plenary and nine workshops for 324 attendees.

In fiscal year 2020 we were able to host multiple suicide prevention trainings in person and virtually. Through our annual training, 124 individuals were trained in safeTalk, 65 individuals were trained in Applied Suicide Intervention Skills Training (ASIST), 349 individuals were trained on the online Suicide Prevention for Clinicians module, and 2,493 individuals were trained on the online RACE module. Through the monthly Lunch and Learn trainings a total of 178 individuals were trained and an additional 21 trainings were hosted for a total of 1303 individuals trained.



In order to improve representation for the Governor's Commission for Suicide Prevention, Governor Larry Hogan signed an updated executive order in 2018, that outlined a modernized strategy to suicide prevention. This included adding new Commissioner seats for more representation within the Commission from groups largely affected by suicide. This year, the Commission updated Maryland's State Plan, reflecting on the progress made over the past two years by the Commission and identifying four primary goals for the next two years.

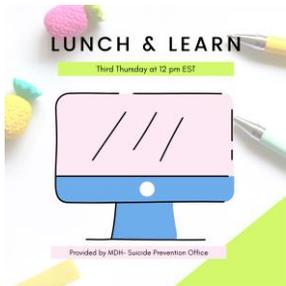
Goals:

1. Integrate and coordinate suicide prevention activities across multiple sectors and settings.
2. Develop, implement, and monitor evidenced-based programs that promote wellness and prevent suicide and related behaviors.
3. Promote suicide prevention as a core component of health care services. Promote the adoption of "Zero Suicides" as an aspirational goal by health care and community support systems that provide services and support to defined populations.
4. Increase the timeliness and usefulness of surveillance systems relevant to suicide prevention and improve the ability to collect, analyze and use this information for action.

The 2021 Legislative Session is scheduled to convene in Annapolis on January 13. Due to last year's shorten session, many bills will be reintroduced this session, including Senate Bill 789. This bill was introduced by Senator Eckardt, to establish a Maryland Suicide Fatality Review Committee, the purpose of this committee would be to identify and address factors contributing to suicide deaths and facilitate system changes in the State to prevent suicide deaths.

TRAINING SNAPSHOT

This December our Lunch & Learn Training was “Treating Suicidal Patients on Telehealth.” If you missed this training, it can be viewed on our Archived webinars [page](#).

**FAST FACTS**

According to data from the 2018 Youth Risk Behavior Survey in Maryland, 11.6% of students reported experiencing physical dating violence in the 12 months prior to the survey. When comparing students that identify as heterosexual (9.0%) or gay, lesbian and bisexual (20.6%) the data shows youth that identify as gay, lesbian or bisexual are more likely to experience physical dating violence.

Teen Dating Violence Awareness Month

Congress declared the entire month of February Teen Dating Violence Awareness and Prevention Month in 2010. Teen Dating Violence Awareness Month encourages parents and adolescents to take an inventory of their relationships. Abuse includes physical, psychological or sexual abuse, which can occur in person or electronically (such as repeated texting or posting sexual pictures of a partner online without consent). There can be a lack of awareness around teen dating violence as teens think some behaviors, like teasing and name-calling, are a “normal” part of a relationship—but these behaviors can become abusive and escalate into serious forms of violence. National [data](#) from the CDC’s Youth Risk Behavior Survey and the National Intimate Partner and Sexual Violence Survey indicate that:

- Nearly 1 in 11 female and approximately 1 in 15 male high school students report having experienced physical dating violence in the last year.
- About 1 in 9 female and 1 in 36 male high school students report having experienced sexual dating violence in the last year.
- 26% of women and 15% of men who were victims of contact sexual violence, physical violence, and/or stalking by an intimate partner in their lifetime first experienced these or other forms of violence by that partner before age 18.
- Only 33% of teens who were in an abusive relationship ever told anyone about the abuse.

Unhealthy, abusive, or violent relationships can have severe consequences and short- and long-term negative effects on a developing teen. Violence in an adolescent relationship correlates with problems in future relationships (intimate partner violence and/or victimization), youth who are victims of dating violence in high school are at higher risk for victimization during college. Research has found associations between dating violence and higher rates of eating disorders, suicidal thoughts, and decreased mental and physical health and life satisfaction. Teens who experience dating violence are at higher risk of contemplating or committing suicide (research indicates two times higher compared to teens who do not experience dating violence). Aspects of unhealthy relationships seen in teen dating violence are also high-risk factors for suicide, history of depression, feelings of hopelessness, impulsive tendencies, isolation and substance abuse.

This February, support Teen Dating Violence Awareness and Prevention Month by speaking up and sharing on social media using the hashtags: #TeenDatingViolenceAwarenessMonth, #TeenDVMonth and #LovesRespect. Break the Cycle has developed a [toolkit](#) for 2020 with the theme Outrage into Action. Parents should talk to your child about dating violence, how to stand up for themselves, how to safely exit the situation, and where to seek help if needed. Visit youth.gov, lovesrespect.org, breakthecycle.org for conversation starters and resources.



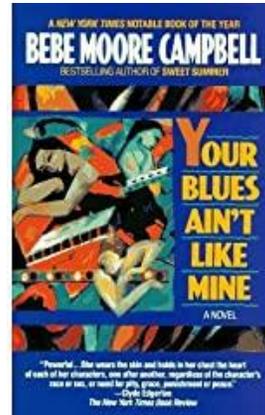
BLACK HISTORY MONTH

Black History Month originated in 1926 after the Association for the Study of African American Life and History (ASALH) sponsored a national Negro History week, choosing the second week of February to coincide with the birthdays of Abraham Lincoln and Frederick Douglass. In 1976, President Gerald Ford officially recognized Black History Month, calling upon the public to “seize the opportunity to honor the too-often neglected accomplishments of Black Americans in every area of endeavor throughout our history.” For 2021 ASALH has announced the month’s theme will be “The Black Family: Representation, Identity and Diversity” and has made plans for a Virtual Festival to celebrate Black History Month.

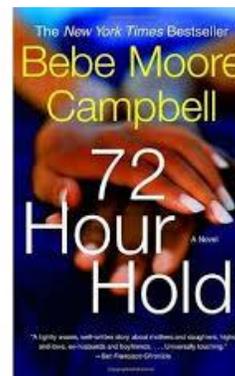
A Mental Health Leader in History

Bebe Moore Campbell was born in 1950 in Philadelphia. She became a teacher and then an author after being inspired in a class taught by author and activist Toni Cade Bambara. Campbell’s books were often informed by her own experiences of discrimination and issues of interpersonal relationships. She wrote eight books, three of which became New York Times best sellers. She also received the Professional Woman’s Literature Award in 1978 and a National Endowment for the Arts Literature grant in 1980. In early 2000, her work began to shift to address the subject of mental health, and specifically being Black with a mental illness. In 2003, she published her first children’s book “*Sometimes My Mommy Gets Angry*” which highlights a young girl’s journey of living with her mentally ill mother. Campbell later disclosed that her work was inspired by her daughter who struggled with mental illness. The struggle that Campbell personally experienced in getting her daughter mental health services lead to her mental health advocacy work. Campbell began working with the National Alliance on Mental Illness (NAMI) to speak against the stigma associated with mental illness in communities of color, promoting treatment and family education. Campbell became a founding member of NAMI-Inglewood, which today is NAMI- Urban Los Angeles. In 2005, Campbell began to push for national recognition of the impact stigma and mental health has on minority communities by advocating for National Minority Mental Health Awareness Month and assembling the National Minority Mental Health Taskforce to pass legislation. Through the work of the Taskforce, in 2008, Congress designated July as Bebe Moore Campbell National Minority Mental Health Awareness Month.

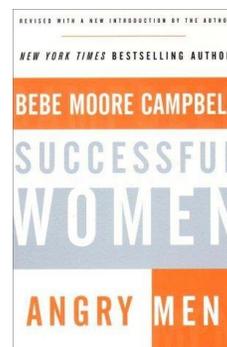
Books by Bebe Moore Campbell:



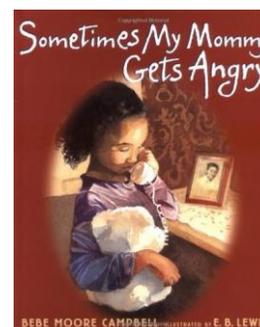
Your Blues Ain’t Like Mine (1992)



72 Hour Hold (2005)



Successful Women, Angry Men: Backlash in the Two-Career Marriage (1986)



Sometimes My Mommy Gets Angry (2003)

Updates from the Field

Mental Health-Related Emergency Department Visits Among Children During the COVID-19 Pandemic

This [report](#) from the CDC was released on November 13, initially Emergency Department (ED) visits declined in March and April 2020, pediatric ED visits increased in April and held a sustained increase through October. Compared to 2019 the proportion of mental health-related visits increased for children aged 5-11 (~24%) and 12-17 years (~31%).

2020 National Veteran Suicide Prevention Annual Report

The new [report](#) includes data through 2018 on veteran suicide deaths, average number of deaths per day, and suicide rates. The report now provides information on suicide death rates by race and ethnicity. The report also spotlights “Anchors of Hope.”

Strengthening Partnerships Between Business and Public Health: A Roadmap to Advancing Community Injury and Violence Prevention

This [roadmap](#) is a culmination of work starting in 2017 with the National Safety Council supported by the Centers for Disease Control and Prevention (CDC) and, in partnership with, the United States Surgeon General in August of 2020.

Surveillance for Violent Deaths- National Violent Death Reporting System, 2017

This [report](#) summarizes data from CDC’s National Violent Death Reporting System and shows a majority of deaths were suicides (63.5%).

State of Mental Health in America 2021

Mental Health America (MHA) has released its annual *State of Mental Health in America* [report](#), which includes a spotlight on the 1.5 million individuals who have taken an MHA screening from January 2020 to September 2020.

A Unified Vision for Transforming Mental Health and Substance Use Care

Mental Health America and 11 other organizations joined together to create a call for collective [action](#) to advance mental health and substance use disorder care in the United States.

After a Suicide: A Guide for Veterinary Workplaces

The American Foundation for Suicide Prevention (AFSP), the American Veterinary Medical Association (AVMA), and other veterinarian organizations collaborated to create this [guide](#) for postvention within a veterinary workplace.

Suicide Prevention in the COVID-19 Era: Transforming Threat into Opportunity

This [article](#) by JAMA Psychiatry details emerging suicide data and actionable steps policymakers, health care leaders, and organizational leaders can take to mitigate suicide risk during and after the pandemic.

Racial Differences in Statewide Suicide Mortality Trends in Maryland During the Coronavirus Disease 2019 (COVID-19) Pandemic

This [article](#) published on December 16th details research comparing the suicide trends in Maryland during the COVID-19 Pandemic to suicide deaths in 2017-2019.

Announcements

COVID-19 Frequently Asked Questions

BHA has released FAQ guides to help behavioral health treatment providers navigate challenges brought on by COVID-19. The FAQs can be found on BHA’s coronavirus [webpage](#), along with additional mental health and substance use resources.

Apply for the Governor’s Commission on Suicide Prevention

We have an opening on the [Commission](#) for a young adult (between the ages of 18 to 25). All applicants will need to undergo a vetting process before being considered for appointment. The application can be found [here](#).

Governor’s Commission 2021

The 2021 Commission meeting [schedule](#) is available, and you can look at past meeting agendas and minutes.

Seeking Lunch & Learn Proposals

Submit your proposals for Lunch & Learn Series, hosted the third Thursday of every month from 12pm to 1pm. Workshops on topics including suicide prevention, mental health/wellness, trauma, and COVID-19 are being considered. Please complete this [form](#).

Sign Up to Receive the Weekly Suicide Prevention Scoop

Every Friday, we send out the Weekly Scoop with news about our program, training opportunities, new research from the field, and more. Sign up [here](#).

Events

January

January 7	Racism & Mental Health Series: Becoming a Cultural Ally	Register
January 12	Improving Health Outcomes for Diverse Populations Series: 1 Inequality, Systemic Racism and Disparities Impact on the Behavioral Health of our Clients	Register
January 19	Improving Health Outcomes for Diverse Populations Series: 2 The Hidden Self- Exploring our Implicit Bias	Register
January 20	Governor's Commission for Suicide Prevention Meeting	Register
January 21	Lunch & Learn: Social Media and Mental Health during the COVID-19 Pandemic	Register
January 22	The 2020 Suicide Prevention Plan for Maryland	Register
January 27	Don't Refer Me Out: Growing Competency in Working with Transgender and Gender-Diverse Youth and Their Families	Register
January 27	Parallel Transitions: Understanding Complexities in Treating Transgender and Gender- Diverse Youth and Their Families	Register
January 29	QPR: Question, Persuade, Refer	Register

February

February 2	Healthy Relationship & Teen Dating Abuse Prevention Education	Register
February 4	Racism & Mental Health Series: The Seven Anxieties- Racial Trauma and Black Children in Schools	Register
February 18	What It Means To Be A White Ally: Moving Beyond Words	Register
February 18	Lunch & Learn: Supporting Suicide-Loss Survivors through Telehealth	Register
February 26	QPR: Question, Persuade, Refer	Register
February 26	The Impact of Divorce on High Risk Adolescents	Register

March

March 10	Creating a Safe Therapeutic Space: Combating Racism in Mental Health	Register
March 16	The Science of Suicide Prevention	Register
March 17	Governor's Commission for Suicide Prevention Meeting	Register

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About the Office of Suicide Prevention

Maryland's Office of Suicide Prevention provides a continuum of suicide prevention training, resources and technical assistance to advance the development of a comprehensive suicide prevention and intervention service system for Maryland residents.

Behavioral Health Administration Mission

The Maryland Department of Health Behavioral Health Administration will develop an integrated process for planning, policy and services to ensure a coordinated quality system of care is available to individuals with behavioral health conditions. The BHA will, through publicly-funded services and support, promote recovery, resiliency, health and wellness for individuals who have or are at risk for emotional, substance related, addictive and/or psychiatric disorders.

